

Application for Organic Certification

The entire certification process takes 90-120 days for new applicants

	The entire certification p	7100000 10	anco oo	120 days 101	new applicat	iilo.		
BUSINESS NAME:								
CONTACT NAME:					J	JOB TITLE:		
NAME OF PERSON OVERSEEING ORGANIC PRODUCTION (IF DIFFERENT FROM ABOVE):					J	JOB TITLE:		
WSDA ORGANIC CERTIFICATION NUMBER (RENEWAL APPLICANTS ONLY):			COUNTY WHERE BUSINESS IS LOCATED:		DCATED:	S1	TATE WHERE BUSINESS IS LOCATED:	
PHYSICAL LOCATION OF BUSINESS								
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)								
Сіту	Сіту				ZIP CODE			
PRIMARY PHONE NUMBER				ALTERNATE PHONE NUMBER				
Fax Number				EMAIL ADDRESS				
Application Checklists	right and balow to anci-	ro that a	11	General Application Forms				
Please use the checklists to the necessary documents are submi				Application for Certification				
the General Application Forms.	Please refer to the	checklis	t 🖂	Sales Summary Form – Renewal Applicants Only				
under your specific type of your operation to ensure all documents relevant to your application are submitted.				Fee Form (Producer, Handler, or Processor)				
				Cost Share Application & W-9				
Crop Producer Forms	Livestock Producer	r Forms		Handler F	orms*		Processor Forms	
Production Yield Form	Production Yield Fo	rm		Handling Syste	m Plan		Hand. & Proc. System Plan	
Cropping System Plan	Site Information Forms			Product Summary – Handle		r	Product Summary –Processor	
Site Information Forms	(One per site. Include a map			For each NEW product:			For each NEW product:	
(One per site. Include a map	of each site.)			Labels, & supplier certificate		s	Product Formulation Forms,	
of each site.)	Non-Ruminant Livestock						labels, supplier certificates,	
	Producers		* Inc	cluding Retail S	Stores,		and accompanying	
	Cropping System PI			estaurants, Bro	•	d	documentation.	
	Non-Ruminant System Plan Ruminant Livestock Producers		M	Marketing Companies				
	Dometic and October	la.						
	Ruminant System P	lan						
SEND APPLICATION A	ND FEE TO:		cks retu	_			rged a handling fee of \$25.00	
SEND APPLICATION A Washington State Dept o	ND FEE TO: of Agriculture	Chec		(RCW	62A.3.51(a) a	and (_	





Organic Operator Agreement

BUSINESS NAME:				
BUSINESS INFORMATION (PLEASE CHECK APPROPRIATE BOX):				
☐ INDIVIDUAL (SOLE PROPRIETORSHIP)				
☐ INDIVIDUAL "DOING BUSINESS AS:"				
GENERAL PARTNERSHIP. LIST NAMES OF THE OWNERS OR PARTNERS:				
CORPORATION. PLEASE COMPLETE THE SECTION BELOW.				
PRESIDENT:	VICE PRESIDENT:			
SECRETARY:	Treasurer:			
NAME OF REGISTERED AGENT:				
ADDRESS OF REGISTERED AGENT:				
PRIMARY PHONE NUMBER FOR REGISTERED AGENT:	EMAIL ADDRESS FOR REGISTERED AGENT:			
I,				
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		DATE:		
PRINT NAME		JOB TITLE:		